

RECEIVED

M/D 1

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF ALABAMA

2007 MAY -3 A 11:04
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

Henry Joiner #1092)
Full name and prison name of)
Plaintiff(s))

v.)

D.T. Marshall)
Gina M. Savage)
Nurse E. Clayton)
Doctor Bates or Baits)
Doctor NICKELS)
Nurse Cobbs)
Name of person(s) who violated your)
constitutional rights. (List the names)
of all the person.))

CIVIL ACTION NO. 2:07cv380-MHT
(To be supplied by Clerk of U.S. District
Court)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES ☐ No ☒
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES ☐ NO ☒
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____
4. Name of judge to whom case was assigned _____
5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending ?) _____
6. Approximate date of filing lawsuit _____
7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Montgomery County
Detention Facility; P.O. Box 4599; Montg; AL 36103

PLACE OR INSTITUTION WHERE INCIDENT OCCURRED _____
Montgomery County Detention Facility

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

	NAME	ADDRESS
1.	<u>D.T. Marshall</u>	<u>Montgomery County Sheriff's Office</u>
2.	<u>Gina M. Savage</u>	<u>Montgomery County Detention Facility</u>
3.	<u>Nurse E. Clayton</u>	<u>" " " "</u>
4.	<u>Nurse Cobbs</u>	<u>Of Southern Health Partners</u>
5.	<u>Doctor Bates or Baits</u>	<u>The Director OF Medical</u>
6.	<u>Doctor Nickels</u>	<u>Of Southern Health Partners</u>

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED 03-09-07
until 04/20/07

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: I am being Denied Proper
Medical Treaments By The M.C.D.F.

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

After submitting many SICK CALL FORMS, from 03/09/07 to 04/04/07; Medical Staff, etc; just neglected and disregarded my please for HELP for my Spinal Condition and Neuralgia Pains and my Eye Sight Problems; there were no Eye Test; X-Rays Done; nothing.

GROUND TWO: Cruel and Unusual Punishment

It is unusual to be Held & EXTRADITED from Dayton, Ohio to Montgomery, Alabama in a Van with my

SUPPORTING FACTS: Kind of Neuralgia Spinal Conditions.

I was arrested and Detained by the Dayton, Ohio Sheriff Department on the 25th day January, 2007.

On the 8th of March, 2007 I arrived at M.C.D.F.

My Charge was Domestic Violence 2nd; Bond \$20,000.⁰⁰

They say my name is Timmy or Timmothy Jainter.

GROUND THREE: Medical Negligence; Medical Malpractice

Eye Sight Problems & My Neuralgia Conduction

Disregard to my Conditions; etc.

SUPPORTING FACTS: See Copies Of Grievance Decision

Forms; Medical Division Charge Sheets from the

Montgomery County Detention Facility and from the

Montgomery County Sheriff's Office of Dayton, Ohio;

My Receipt Copies show moneys deducted from my

Inmate Account for Medical Services and they tell me

I must purchase any Pain Medication from the Canteen

Commissary After they have taken all Money Out of it!

"SEE Attached Sheets"

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

I want the Court to grant me the Sum
of \$500,000.00 for the Pain and Mental Stress
they put me through needlessly; for the loss of
my home; car; truck; etc; The Mental and
Physical Anguish; agony; torture; torment; etc;
I want the resignations of all involved.


Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

Signature of plaintiff(s)

Henry Joiner #1092
M.C.D.F. Cell 3, A, 3
P.O. Box 4599
Montgomery, AL 36103

MAY

2007

Office Of The Clerk
United States District Court
P.O. Box 711
Montgomery, Alabama 36101-0711



Part #1

Documentation Of A/h Attached-Sheets:Etc

Attach Sheet #1,2, & 3 of : are co-pay Charge documents of Medical Services Provided by the Montgomery County Sheriff's Office for Spinal Pain etc; in Dayton, Ohio.

The Dir; of Medical told me that the only thing they could do for me about my Medical Pains and Spinal Conditions were to Prescribed me 800n Ibuprofen; there would be no X-Rays; no referral to Neuralgist; etc:

They told me that I was a Problem of the Montgomery County Detention Facility of Montgomery Alabama; "not their's". Any other Medical Problems which may need referral would have to be done by Montgomery, Alabama... They are just Holding Me!

The Medical Director gave me the name of (3) three free Health Care Service Division to go to for fast help for my Spinal Conditions when I get back home to Dayton, Ohio. Notice the name in the Blank space for Prisoner Name & Prisoner Signature Attach Sheet #4 of : is the Grievance

Decision by the M.C.D.F. which I did not agree with. It is some written proof that I had to be writting and requesting Medical Treatment for my feet; my Spinal Condition; my teeth; and eyes in order to file a Grievance on this Facility's Medical Staff; etc.

Part #2

Documentation Of All Attached-Sheets; etc;

Attach Sheet #5 of : is a written request from me to the clerk of the Grievances, trying to explain my points and needs for proper treatment.

Attach Sheet #6 of : is to show this Court my Booking Date 03-08-07; my Charge; my Bond; and the fact that I have been held in some Jail from Jan. 25, 2007 until now without seeing or talking with an Attorney about all matters, did not see a Judge until 03-29-07.

Attach Sheet #7 of : is help to show that I was still filling-out Sick Call Forms for Medical help for Pain; my teeth; my Eye Sight; My Spinal Problems; etc.

It is also proof that they lied about the Doctor prescribing me something for Pain at all. I had (11) tooth pulled and March of 2007 by the Dentist of the Facility who Prescribed me 800 mg. Ibuprofen for Gum-Pains for (3) days each visite.

This sheet also supports the fact that I was seen by this Facility's Doctor from Southern Health Partners on 03/30/07 and he Prescribed me Medication for pain, but the Prescription was never filled because that Doctor stopped Working for M.C.D.F. and Nursing Staff told me if I needed more pain Medication to get it by purchasing Tylenol from the Store

Part #3

Documentation Of All Attached-Sheets, etc;

Attach Sheets #8 & #9 of : Copies Of M.C.D.F. Medical Division Charge Sheet for Medical Services etc; these sheets also show facts that this Facility and Medical Staff along with it's Doctors, willingly and Openly, disregarded the Torment of Mental & Physical Anguish of Agony and Torture of Pain and Mental Stress their Negligence was adding to my Condition. My body is in pain 24-7....

Charge Sheet dated 04/04/07; after being informed of My Pains & Condition, etc; Doctor Bates decided to give me a Prescription for White Petroleum Jelly, and was Charge \$13.00.

Charge Sheet dated 04/04/07; sometime before I saw Doctor Bates, the Dentist gave me a Prescription for Pain and infection for the tooth he had pulled on 03/28/07 & 03/21/07

Charge Sheets dated March 28 & 21, 2007 were Dentist Visits & Appointments; 3 day Prescription

Charge Sheets dated March 20th 2007 was my 2nd Visit to the Nurses Station to ask for something for Chronic Pains in my Neck, Back, etc; blur eye visions; treatment for my feet; and asked to be put on the list see the Doctor to be referred to someone for treatment for my eyes and my Spinal Condition.

Part #4

Documentation Of All Attached-Sheets; etc

Attach Sheets #10, 11, 12 of : are My Receipts shown as proof and fact as to the Moneys in my account they take as they Please and have the Nerve to tell me to order Pain Medication from the store:

On 04/20/07, Doctor Bates saw me for my eye complaint and my Spinal Complaint; I told him my problems again and asked to be referred to an Eye Doctor & referral to a Neurologist for treatment; his answer was I am going to give you a Prescription for pain and when it runs out you will have to order pain Medication from the Store, you will not be referred to other Doctors; etc; NO X-Rays; No nothing....

Nurse Clayton was the very first Medical Staff employee at M.C.D.7. I saw about my Medical Problems which were, my feet; my Eye Sight; Spinal Conditions Acute Chronic Pains; and Teeth Problems, on 03/09/07 Nurse Clayton lied to me about putting me on the list to see the Dentist or Doctor and when I asked her two days later, she stated that she had forgotten to do so.

Nurse Clayton has a sleeping-disorder, she went to sleep several times on me the while doing my Medical interview on 03/09/07

MONTGOMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

Prisoner Name: Jointer, Terry Henry Jacket #: 72517
 DOB: 9/24/62 Housing Unit: N21
 Problem/Complaint: back pain

<input type="checkbox"/>	Paramedic Sick Call	(M1)	\$3.00
<input checked="" type="checkbox"/>	Physician Sick Call	(M2)	\$5.00
<input type="checkbox"/>	Dental Clinic	(M3)	\$5.00
<input checked="" type="checkbox"/>	Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00 x # <u>1</u> = \$ <u>3.00</u>
<input type="checkbox"/>	Other: _____	(M5)	\$ <u> </u> .00
<input type="checkbox"/>	Health Care Staff Referral		N/C
<input type="checkbox"/>	Federal Prisoner		N/C

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X [Signature]

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them: _____

Paramedic Signature: [Signature] DOB: 2/15/07Dir. of Medical Signature: [Signature] DOB: 2/15/07Account Signature: _____ DOB: / /

White Original: Medical File

Yellow Copy: Accountant

Pink Copy: Prisoner

① Cassano Clinic
 ② Drew Clinic
 ③ Good Samaritans Clinic

TGMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

Jacket #: 27 2517

Housing Unit: N21

<input checked="" type="checkbox"/>	Paramedic Sick Call	(M1)	\$3.00
<input type="checkbox"/>	Physician Sick Call	(M2)	\$5.00
<input type="checkbox"/>	Dental Clinic	(M3)	\$5.00
<input type="checkbox"/>	Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00 x # _____ = \$ _____
<input type="checkbox"/>	Other: _____	(M5)	\$ ____ .00
<input type="checkbox"/>	Health Care Staff Referral		N/C
<input type="checkbox"/>	Federal Prisoner		N/C

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X

Henry Gorman

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them: _____

Paramedic Signature:

3:07

DOB: ____ / ____ / ____

Dir. of Medical Signature:

DOB: ____ / ____ / ____

Account Signature:

DOB: ____ / ____ / ____

White Original: Medical File

Yellow Copy: Accountant

Pink Copy: Prisoner

MONTGOMERY COUNTY SHERIFF'S OFFICE

HEALTH CARE SERVICES DIVISION

CO-PAY CHARGE DOCUMENT

Attach sheet #3 of #

Prisoner Name: Joiner, Henry Jacket #: 07-2517DOB: 9/24/62 Housing Unit: N21Problem/Complaint: RAINF/DRY FEET

<input checked="" type="checkbox"/>	Paramedic Sick Call	(M1)	\$3.00	
<input type="checkbox"/>	Physician Sick Call	(M2)	\$5.00	
<input type="checkbox"/>	Dental Clinic	(M3)	\$5.00	
<input checked="" type="checkbox"/>	Prescription Fee (\$3.00 per prescription)	(M4)	\$3.00	x # <u>1</u> = \$ <u>3.00</u>
<input type="checkbox"/>	Other: _____	(M5)	\$_.00	
<input type="checkbox"/>	Health Care Staff Referral		N/C	
<input type="checkbox"/>	Federal Prisoner		N/C	

I have been advised of the Co-Pay charges and understand that the fees, as listed above, will be deducted from my commissary account only after I receive health care services. I also understand that if I do not have any money on account, a negative balance will be placed on my account for future collection should money become available. The prescription handling fee will be deducted every time your prescription is refilled.

Prisoner Signature: X

Henry Joiner

I voluntarily refuse to accept health care under these terms. The consequences of my refusing this care have been explained to me and I understand them: _____

Paramedic Signature: _____

DOB: 2/14/07

Dir. of Medical Signature: _____

DOB: ____/____/____

Account Signature: _____

DOB: ____/____/____

White Original: Medical File

Yellow Copy: Accountant

Pink Copy: Prisoner

(5) Day Prescription for Pain

Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: JONES, HENRY R/S B/M DOB 9-29-62

Booking No. 1092 Floor 3A Cell 3

SERVICES

XRay \$10.00	Doctor Visit \$10.00	✓ Nurse Visit \$10.00
Lab \$10.00	Dentist Visit \$10.00	✓ Prescription \$3.00

Nursing Staff Signature [Signature] Date 5/2/07

Inmate Signature X Henry Jones Date 5/2/07

White Original: Medical File Yellow Copy: Accounts Manager Pink Copy: Inmate

Dentist pulled (5) teeth (3) Day Prescription for Pain

Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: Joiner Henry R/S R/M DOB _____

Booking No. 1092 Floor 3A Cell _____

SERVICES		
XRay \$10.00	Doctor Visit \$10.00	Nurse Visit \$10.00
Lab \$10.00	<input checked="" type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 3-21-07

Inmate Signature [Signature] Date _____

White Original: Medical File Yellow Copy: Accounts Manager Pink Copy: Inmate

Dentist pulled (6) teeth (3) Day Prescription for Pain

Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: HENRY JOINER R/S B/M DOB _____

Booking No. 1098 Floor _____ Cell _____

SERVICES

XRay \$10.00	Doctor Visit \$10.00	Nurse Visit \$10.00
Lab \$10.00	<input checked="" type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 3-28-07

Inmate Signature [Signature] Date 3-28-07

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Dr. Bates Gave me A Prescription for Petroleum Jelly.
 Montgomery County Detention Facility Medical Division Charge Sheet

Inmate Name: JOINER, Henry R/S B/M DOB
 Booking No. 1092 Floor 3A Cell

SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date

Inmate Signature [Signature] Date 4/04/07

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: HENRY JAMES R R/S B/M DOB 10/10/62Booking No. 1092 Floor 3A3 Cell

SERVICES

XRay \$10.00

Doctor Visit \$10.00

Nurse Visit \$10.00

Lab \$10.00

F14 *Dentist Visit \$10.00

X Prescription \$3.00

Nursing Staff Signature [Signature] Date 4-11-07Inmate Signature [Signature] Date 4-11-07

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Dr. Bates: For High Blood Pressure Medication Change.

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Jones, Henry R/S BM DOB Booking No. 1092 Floor 3 Cell

SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature E. O'Leary LPN Date 4/23/2007Inmate Signature X Henry Jones Date 4/23/2007

White Original: Medical File

Yellow Copy: Accounts Manager

Pink Copy: Inmate

***** RESIDENT COPY *****

Intake
Receipt # D9048
D9049

Montgomery County Jail
03/08/2007 01:11:46
ST 004 / CD 4 / DPR MEJ

JOINER

HENR

Booking Number : 1092
Date of Birth : 09/24/1982
Location : 1 B 1

Open Amount : \$1.24

Cash

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$5.00
	Collected:	- \$0.49
	New Bal :	\$4.51

Total Collected : \$0.49

Debt Balance :	\$26.51
Commissary Balance :	\$0.75

***** RESIDENT COPY *****

Add Money
 Receipt # C138890
 C138891

Montgomery County Jail
 03/13/2007 15:43:15
 ST 003 / CD 3 / OPR WCK

JOINER.

HENRY

Booking Number : 1092
 Date of Birth : 09/24/1962
 Location : 3A-0

Add Amount : \$25.00

Detainee : J PITTMAN
 Money : # 95581352

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$4.51
	Collected:	- \$4.51
	New Bal :	\$0.00

Prescription -	Old Bal :	\$12.00
	Collected:	- \$5.49
	New Bal :	\$6.51

Total Collected :	\$10.00
-------------------	---------

Debt Balance :	\$16.51
Commissary Balance :	\$15.75

***** RESIDENT COPY *****

Add Money
 Receipt # C138984
 C138985

Montgomery County Jail
 03/15/2007 11:29:01
 ST 003 / CD 3 / OPR YR

JOINER.

HENRY

Booking Number : 1092
 Date of Birth : 09/24/1962
 Location : 3A-0

Add Amount : \$20.00

Sender Name : j. pittman
 Money Order #: 4979558130

Comment :

Receivable:

Prescription -	Old Bal :	\$6.51
	Collected:	- \$6.51
	New Bal :	\$0.00
Nurse -	Old Bal :	\$10.00
	Collected:	- \$1.49
	New Bal :	\$8.51

Total Collected : \$8.00

Debt Balance : \$8.51
 Commissary Balance : \$12.12

***** RESIDENT COPY *****

Add Money/
Receipt # C139761
C139762

Montgomery County Jail
04/02/2007 12:27:53
ST 003 / CD 3 / OPR YR

JOINER.

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$25.00

Gender Race :
Money Order #: 56331633050

Comment :

Receivable:

Nurse -	Old Bal :	\$8.51
	Collected:	- \$8.51
	New Bal :	\$0.00

Total Collected : \$8.51

Debt Balance : \$0.00
Commissary Balance : \$16.66

***** RESIDENT COPY *****

Receivable Charge
Receipt # B88064

Montgomery County Jail
04/04/2007 15:28:18
ST 002 / OPR YR

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location :

3A-0

Nurse -	Old Bal :	\$0.00
	Charged :	+ \$10.00
	Collected :	- \$3.66
	New Bal :	\$6.34
Comment : SERVICE ON 03/20/07		

Prescription -	Old Bal :	\$0.00
	Charged :	+ \$3.00
	Collected :	- \$3.00
	New Bal :	\$0.00

Total Collected :	\$6.66
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Debt Balance :	\$6.34
Commissary Balance :	\$10.00

***** RESIDENT COPY *****

Receivable Charge LD
Receipt # B88070

Montgomery County Jail
04/04/2007 15:31:25
ST 002 / OPR YR

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dentist Visit -	Old Bal :	\$0.00
	Charged :	+ \$10.00
	Collected :	- \$4.00
	New Bal :	\$6.00

Comment : SERVICE ON 03/21/07

Prescription -	Old Bal :	\$0.00
	Charged :	+ \$3.00
	Collected :	- \$0.00
	New Bal :	\$3.00

Total Collected : \$4.00

Debt Balance : \$15.34
Commissary Balance : \$6.00

***** RESIDENT COPY *****

Receivable Charge
Receipt # B88096Montgomery County Jail
04/04/2007 15:54:03
ST 002 / OPR YRJOINER,
HENRYBooking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dentist Visit -	Old Bal :	\$6.00
	Charged :	+ \$10.00
	Collected :	- \$2.40
	New Bal :	\$13.60

Comment : SERVICE ON 03/28/07

Prescription -	Old Bal :	\$3.00
	Charged :	+ \$3.00
	Collected :	- \$0.00
	New Bal :	\$6.00

Total Collected : \$2.40

Debt Balance : \$25.94
Commissary Balance : \$3.60

***** RESIDENT COPY *****

Add Money
Receipt # C139958
C139959

Montgomery County Jail
04/05/2007 12:23:35
ST 003 / CD 3 / OPR YR

10

JOINER.

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$25.00

Sender Name : CANT READ NAME
Money Order #: 56331630894

Comment :

Receivable:

Dentist Visit -	Old Bal :	\$13.60
	Collected:	- \$10.00
	New Bal :	\$3.60

Total Collected : \$10.00

Debt Balance : \$15.94
Commissary Balance : \$15.50

***** RESIDENT COPY *****

Receivable Charge
Receipt # B89000

Montgomery County Jail
04/13/2007 10:18:46
ST 002 / OPR YR

JOINER,

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Dr. Visit -	Old Bal :	\$0.00
	Charged :	+ \$10.00
	Collected :	- \$0.71
	New Bal :	\$9.29
Comment : service on 04/04/07		
Prescription -	Old Bal :	\$6.00
	Charged :	+ \$3.00
	Collected :	- \$0.00
	New Bal :	\$9.00

Total Collected : \$0.71

Debt Balance : \$28.23
Commissary Balance : \$1.07

***** RESIDENT COPY *****

Receivable Charge
Receipt # B89006

Montgomery County Jail
04/13/2007 10:21:25
ST 002 / OPR YR

JOINER.

HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Prescription --	Old Bal :	\$9.00
	Charged :	+ \$3.00
	Collected :	- \$0.42
	New Bal :	\$11.58
Comment : service on 04/04/07		

Total Collected : \$0.42

Debt Balance : \$30.81
Commissary Balance : \$0.65

***** RESIDENT COPY *****

Add Money
 Receipt # C140926
 C140927

Montgomery County Jail
 04/25/2007 13:32:58
 ST 003 / CD 3 / OPR YR

JOINER.

HENRY

Booking Number : 1092
 Date of Birth : 09/24/1962
 Location : 3A-0

Add Amount : \$25.00

Sender Name : can't read name
 Money Order #: 5634212902

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$1.29
	Collected:	- \$1.29
	New Bal :	\$0.00
Dentist Visit -	Old Bal :	\$3.60
	Collected:	- \$3.60
	New Bal :	\$0.00
Prescription -	Old Bal :	\$11.58
	Collected:	- \$5.11
	New Bal :	\$6.47

Total Collected : \$10.00

Debt Balance : \$12.81
 Commissary Balance : \$27.65

***** RESIDENT COPY *****

Add Money
Receipt # C140904
C140905

Montgomery County Jail
04/25/2007 10:48:20
ST 003 / CD 3 / OPR YR

JOINER,
HENRY

Booking Number : 1092
Date of Birth : 09/24/1962
Location : 3A-0

Add Amount : \$20.00

Visitor Name : net murrell
Money Order #: 10544100570

Comment :

Receivable:

Dr. Visit -	Old Bal :	\$9.29
	Collected:	- \$8.00
	New Bal :	\$1.29

Total Collected : \$8.00

Debt Balance : \$22.81
Commissary Balance : \$12.65

Attach Sheet # 4

GRIEVANCE DECISION

GRIEVANCE NO. 20070070 CELLBLOCK: 3A
INMATE NAME: Henry Joiner BOOKING NO. 1092

I have investigated your grievance dated 03/18/07 and found that, per the nursing supervisor, medical received a "SICK CALL SLIP" from you on 03/19/07. You were seen on 03/20/07 and prescribed cream for your feet and something for pain. Per the transfer sheet, the only medication you are on is for blood pressure and you are receiving this. You saw the dentist on 03/21/07, two days after your request was received.

You are Not being denied medical attention!

Signature of Grievance Clerks: JDavis Date: 03/22/07

Montgomery County Detention Facility
INMATE REQUEST FORM

RECEIVED 03/26/07

DATE: March 23, 2007 TIME: 11:00 AM.
NAME: Henry Jainer BOOKING # 1092 CELLBLOCK: 3A93

Please check ONLY ONE of the following:

<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY
<input type="checkbox"/> RECREATION	<input type="checkbox"/> VISITATION
<input type="checkbox"/> CHARGES/BOND INFORMATION	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> MAIL	<input type="checkbox"/> GENERAL LIBRARY
<input type="checkbox"/> CANTEEN	<input type="checkbox"/> MONEY INFORMATION
<input type="checkbox"/> ATTORNEY FORM - (Hardship Affidavit)	<input checked="" type="checkbox"/> OTHER
<input type="checkbox"/> COURT REQUEST FORM	

Briefly state your request

To The Grievance Clerk; I would like to have a copy of that grievance dated 03-18-07; to have filed with my Civil Complaint; I never stated, I was being denied Medical Attention. My Grievance was "I am Being Denied PROPER MEDICAL TREATMENT"

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

ACTION TAKEN

Date: 03/26/07

Time: _____

We do not make copies of grievances for inmates. Your attorney will have to request them through the proper channel.

Action Taken by: J. Davis

Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.

Request Forms will be completed and placed in inmate's file.

Inmates will receive a copy when a written response is required.

Revised 11/06

Attach Sheet 6 of

Montgomery County Detention Facility
INMATE REQUEST FORM

DATE: March 23, 2007 TIME: 10:00 AM
NAME: Henry Joiner BOOKING # 1092 CELLBLOCK: 3, A23

Please check **ONLY ONE** of the following:

- | | |
|---|--|
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> PROPERTY |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> VISITATION |
| <input type="checkbox"/> CHARGES/BOND INFORMATION | <input type="checkbox"/> FOOD SERVICE |
| <input type="checkbox"/> MAIL | <input type="checkbox"/> GENERAL LIBRARY |
| <input type="checkbox"/> CANTEEN | <input type="checkbox"/> MONEY INFORMATION |
| <input type="checkbox"/> ATTORNEY FORM - (Hardship Affidavit) | <input checked="" type="checkbox"/> OTHER |
| <input type="checkbox"/> COURT REQUEST FORM | |

Briefly state your request

I want to speak with someone about when my court date is set; my rights to a fast and Speed Trial; this states Due Process Clause ect; I also would like a copy of this request along with an Inmate Complaint Form and or a Grievance Form

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

Date: 03/26/07 ACTION TAKEN BK 03/08/07 Time: _____

CC07-371 Domestic Violence 2nd Bond \$20,000.00
If you do not have an Attorney, but want one appointed
for you, send request with "ATTORNEY FORM" checked.
May request Preliminary within first 30 days.

Action Taken by: [Signature]
Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.

Request Forms will be completed and placed in inmate's file.

Inmates will receive a copy when a written response is required.

Revised 11/06

Montgomery County Detention Facility
INMATE REQUEST FORM

DATE: 03-10-07 TIME: 4:00 AM.
NAME: Henry Joiner BOOKING # 1092 CELLBLOCK: 3, A, 3

Please check ONLY ONE of the following:

<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY
<input type="checkbox"/> RECREATION	<input type="checkbox"/> VISITATION
<input type="checkbox"/> CHARGES/BOND INFORMATION	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> MAIL	<input type="checkbox"/> GENERAL LIBRARY
<input type="checkbox"/> CANTEEN	<input type="checkbox"/> MONEY INFORMATION
<input checked="" type="checkbox"/> ATTORNEY FORM - (Hardship Affidavit)	<input type="checkbox"/> OTHER
<input type="checkbox"/> COURT REQUEST FORM	

Briefly state your request

I've been here sence the 8th of March and I am
requesting an Attorney form because I can not afford one.

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

_____ ACTION TAKEN _____ BK 03/08/07
Date: 03/12/07 Time: _____
9506-100241 Domestic Violence 2nd Bond \$20,000.00.
Complete the attached forms and PLACE BOTH FORMS
in handmail box - DO NOT REMOVE STAPLE!

Action Taken by: ADavis

Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.

Request Forms will be completed and placed in inmate's file.

Inmates will receive a copy when a written response is required.

Revised 11/06

Montgomery County Detention Facility
INMATE REQUEST FORM

DATE: 03/27/07 TIME: 5:00 PM.
NAME: Henry Joiner BOOKING # 1092 CELLBLOCK: 3A3

Please check ONLY ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> PROPERTY |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> VISITATION |
| <input checked="" type="checkbox"/> CHARGES/BOND INFORMATION | <input type="checkbox"/> FOOD SERVICE |
| <input type="checkbox"/> MAIL | <input type="checkbox"/> GENERAL LIBRARY |
| <input type="checkbox"/> CANTEEN | <input type="checkbox"/> MONEY INFORMATION |
| <input checked="" type="checkbox"/> ATTORNEY FORM - (Hardship Affidavit) | <input checked="" type="checkbox"/> OTHER |
| <input checked="" type="checkbox"/> COURT REQUEST FORM | |

Briefly state your request.

I have already filed for an "Attorney" on the 10th of March 2007, and on the same day requested on another form; for A Bond Hearing; and on the same day request on another form for A Preliminary Hearing etc; Again I AM REQUESTING ALL THE ABOVE.

DO NOT WRITE BELOW THIS LINE - FOR REPLY ONLY

Date: 03/28/07 ACTION TAKEN: _____ Time: _____
Requests sent to District Court 03/14/07.
CAN NOT SEND REQUEST MORE THAN ONE (1) TIME!
Action Taken by: [Signature]
Signature

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Inmate Request Forms will be routed to the appropriate supervisor or administration for disposition.
Request Forms will be completed and placed in inmate's file.
Inmates will receive a copy when a written response is required.

Revised 11/06

GRIEVANCE DECISION Attach Sheet # 7 of 7

GRIEVANCE NO. 20070075 CELLBLOCK: 3A
INMATE NAME: Henry Joiner BOOKING NO. 1092

Per medical, you were given a 3-day prescription for Ibuprofen 800mg. on 03/28/07. This prescription ran out on 03/31/07; therefore, you were NOT denied your medication on 04/01/07. You must put in "SICK CALL SLIP" to see the doctor if you need more pain medicine or purchase Tylenol from the store.

Signature of Grievance Clerks: S Davis Date: 04/04/06